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TITLE PAGE**RESEARCH PAPER****ACUTE CARE NURSES' ATTITUDES TOWARD OLDER PATIENTS: A
LITERATURE REVIEW**

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ABSTRACT

With increases in life expectancy and increasing numbers of older patients utilising the acute setting, attitudes of registered nurses caring for older people may affect the quality of care provided. This paper reviews recent research on positive and negative attitudes of acute care nurses toward older people. Many negative attitudes reflect ageist stereotypes and knowledge deficits that significantly influence registered nurses' practice and older patients' quality of care. In the acute setting, older patients experience reduced independence, limited decision making opportunities, increased probability of developing complications, little consideration of their ageing related needs, limited health education and social isolation.

Available instruments to measure attitudes and knowledge about older people, although reliable and valid, are outdated, country specific and do not include either a patient focus or a caring perspective. This paper argues for the development and utilisation of a research instrument that includes both a patient focus and a caring dimension.

Key Words:

nurses' attitudes; nurses' knowledge; older patients; acute care setting; quality of care

Running title: Acute care nurses' attitudes & older patients

ACUTE CARE NURSES' ATTITUDES TOWARD OLDER PATIENTS: A LITERATURE REVIEW

INTRODUCTION

Ageing of the Australian population has occurred comparatively rapidly in recent years with greatest increases among the very old (those aged 80 years or over). Our aged population (aged 65 and older) is predicted to reach 22% (5 million) by the year 2051, double that of 1991 (11%, 1.9 million).¹ Since the 1950s studies have identified negative attitudes of registered nurses and nursing students toward geriatric nursing and other work with older patients. These attitudes have prevailed into the 1990s and highlight the low status associated with working with older patients. Gerontological nursing is still an unpopular speciality and nursing students' interest in pursuing it as a career decreases during their education.²⁻⁵

Social developments and ageist stereotypes combined with increases in the aged population have significantly influenced the health care system.⁶ Older people are perceived by policy makers and society in general as problems requiring considerable attention and resources.⁶ Increases in our health care costs have been attributed to the increases in the aged population. However, these increases are more closely linked to social and political changes than physiological ageing per se.⁶ Changes in the health care system have been influenced by the major political parties' social and economic policies, the need to contain hospital operating costs and the promotion of community care for the chronically ill, disabled and frail aged.⁷ However, many family members

are no longer able to care for their older relatives due to social factors (e.g., increases in divorce and participation of women in the workforce). This has threatened the availability of informal community support systems for future generations of older people upon which the government has relied heavily since the 1985 de-institutionalisation of aged care to hostel and home-based care.^{8,9}

Attitudes of nurses in long term care settings

In long-term care settings registered nurses (nurses) hold neutral to slightly positive attitudes towards the elderly, although these attitudes are less positive than nurses in teaching, health department or rehabilitate services areas.^{2,5} However, nurses in long term settings do have more positive and less negative attitudes toward the elderly than either licensed practitioner nurses or nursing aides.¹⁰ Nurses in long term settings reported an interest in working in this area although they feel their skills were not appropriately used and working there highlights problems for their own old age when they fear they, like their older patients, will be made to feel useless and not needed.^{11,12} Negative aspects of this work are: high dependency of patients, structure of nursing work with older patients and lack of staffing.^{11,13}

Older patients in the acute care setting

Little research has examined the care older patients receive in the acute care setting - a potentially dangerous place for older patients.¹⁴ These patients are more likely to develop post-operative complications¹⁵ and nosocomial infections¹⁶ than younger patients. In some hospitals their dependence is encouraged as it is quicker 'to do' for

older patients and they are discharged with lower levels of functioning than they had on admission.¹⁴ Most older patients are discharged to their homes and many receive limited family or community assistance.¹⁷ They are often uninformed about their illness and recovery, medications and recommended lifestyle changes, leading to high readmission rates.^{16,17}

Impetus for the study

The availability and acceptability of innovative medical and surgical procedures has generated a steady increase in the number of older patients in the acute care setting. During 1995-1996, patients aged 65 years and over accounted for 1.5 million separations (30%) and 11 million patient days (48%).¹⁸ The quality of care older patients receive is dependent on positive attitudes. Therefore, the attitudes of the nurses caring for them can significantly impact upon the care they receive.⁴

Aim of the study

To identify through an extensive literature review the:

- attitudes of acute care nurses toward the older patients in their care;
- influences of those attitudes on practice; and
- appropriateness of available instruments to the acute care setting.

Review Process

Nursing literature on older patients in the acute care setting from January 1982 until December 1998 was reviewed using the CINAHL database. Key words utilised were: older people, elderly patients, aged, acute care, hospitalised, hospital and nurses. Combinations of these words were also used (e.g., older people-acute care, aged-hospitalised, elderly-hospitalised, elderly-acute care and nurses-older people). The paucity of research conducted in this area was demonstrated by the review producing seven relevant articles reporting descriptive research of the attitudes of nurses in the acute care setting toward older patients. This paper reviews these articles and Table 1 displays the authors, participants, methods and findings of the reviewed articles.

Insert Table 1 about here

LITERATURE REVIEW

Acute care nurses' attitudes toward older people

The articles reviewed indicated that nurses working in acute care settings generally hold slightly to moderately positive attitudes toward older patients despite what appears to be common knowledge, that is, health professionals have negative attitudes toward older patients.^{4,19,20} Five of the seven articles reviewed reported positive attitudes toward older patients²¹⁻²⁵ and another reported an increase in positive attitudes following an intervention.²⁶ The other article²⁷ although reporting negative attitudes indicated a need for caution when interpreting their results as their response rate was low (see Table 1).

Influence of nurses' attitudes toward older patients on practice

Attitudes toward older patients significantly influence nurses' practice. Helmuth et al.²² demonstrated those who reported holding negative attitudes toward older patients held positive attitudes toward restraint use and stereotyped older patients rather than regarding them as individuals.²⁷ Nurses who placed a high degree of importance on talking to patients held more positive attitudes than those who placed a high degree of importance on general nursing care (e.g., bathing, toileting).²¹ Although older patients were perceived as pleasant to interact with, they were not perceived as being capable of making their own decisions or carrying out important functions.²²

Influence of nurses' professional education on attitudes

Nurses with a higher level of professional education had more positive attitudes toward older people.^{21,23} Similar results were obtained from studies in long term care settings.²⁸ Carter and MacInnes²⁶ found educational interventions altered nurses' decision making practices with older patients from a 'medically orientated, professional' approach to a 'patient choice' approach allowing patients more control over decisions relating to their care and place of residence following discharge. Similarly, Huber, Reno and McKenney²⁹ found significant increases in knowledge and a significant reduction in negative attitudes following a continuing education program for all employees in a long term care facility, but, this program did not strengthen positive attitudes.

Knowledge about ageing

Knowledge about ageing and attitudes toward older patients may be related to and significantly influence the quality of care. Intensive care nurses were more

knowledgeable and had more positive attitudes toward older people than medical-surgical nurses.²⁵ However, Australian medical-surgical nurses (although knowledgeable in general about older people) had significant knowledge gaps that would influence the quality of care (e.g., they reported that lung capacity and the five senses do not decline with age).²⁷ In this study knowledge about ageing did not predict positive attitudes (although the response rate was low, see Table 1).

Knowledge influences practice in the acute care setting. Nurses generally attend to routine observations, medications and technical activities, but, are not always attentive to the nutrition, hygiene, elimination, mobility and educational needs of older patients³⁰ which vary from younger patients.³¹⁻³⁴

Influence of current and preferred area of practice on knowledge and attitudes

Attitudes are significantly influenced by both nurses' current and preferred area of practice.^{21,23-25} Armstrong-Esther et al.²¹ found those preferring to work in geriatrics and rehabilitation had more positive attitudes than those preferring to care for surgical patients and patients under 65 years of age. Interestingly, intensive care nurses were found to be both more knowledgeable about ageing and have more positive attitudes toward older people than medical-surgical nurses in a study by Prevost.²⁵ The nature of intensive care patients may explain these nurses' greater knowledge of ageing. All intensive care patients are dependent, therefore, older intensive care patients' nursing needs may not be perceived as burdensome or different from the needs of other intensive care patients.

Hope noted that nurses working in an acute elderly patient care setting reported more positive attitudes than nurses in a medical setting.²³ Those in the elderly care setting may have a preference for working with older patients^{11,12} explaining their more positive attitudes. Interestingly, in one study²¹ the volunteers had more positive attitudes than either nurses, licensed practitioner nurses or nursing aides, possibly indicating their reason for their work in this area. Other studies have identified the influence area of practice has on nurses' perception of, and attitudes toward older patients.^{12,35}

Negative attitudes and ageist stereotypes

Similarly to Kogan³⁶ and Smith,¹⁰ Armstrong-Esther,²¹ Hope²³ and Lookinland and Anson²⁴ found that although many positive attitudes were reported by nurses, many negative attitudes were also identified. Nurses feel ill at ease in the presence of older people and find them different, cantankerous and complaining. They also find older people set in their way and incapable of adjusting to new situations.^{21,24} Lookinland and Anson²⁴ suggest that this may be the result of prolonged exposure to ill and infirm older patients leading to emotional rejection and stereotyping rather than individualisation. This emotional rejection has significant repercussions on the quality of care older patients may receive in an acute care setting, particularly from nurses who prefer not to work with patients 65 years and older.^{2,5,37,38} Many studies examined the information received by older patients on discharge and reported lack of information about their

illness, recovery, medications and life rules^{17,39,40} which could be the result of these ageist, stereotypical attitudes.

Instruments for determining knowledge and attitudes toward older people

Although the results of these studies give insight into the knowledge and attitudes of acute care nurses toward older patients there is debate about the instruments used and their appropriateness for use. Although they are validated reliable instruments they are either too lengthy (eg., Tuckman and Lorge)⁴¹, developed for a particular audience, (eg., Kogan's Old People Scale (KOP) was developed for American audiences),³⁶ or, do not include a caring dimension.² In the literature KOP is the instrument most commonly used to identify nurses' attitudes toward older people.

The comparability of studies is also questioned in the literature as academic aspects of some studies are questionable.⁴² There is also an absence of comparative assessment between nurses working in the acute care settings with nurses working in long term elderly patient care settings.²³ Available instruments identify attitudes and knowledge about *older people*, not *older patients*. Penner⁴³ discovered that even though nurses may have positive attitudes toward older people their attitudes toward older patients were not as positive, and, attitudes toward their own patients were even more negative. Therefore, it is our contention that acute care nurses with slightly to moderately positive attitudes toward older people may indeed have negative attitudes toward the older patients in their care.

Reporting attitudes

Slevin² was criticised for reporting negative attitudes (despite positive scores of 65% to 77%). One could query the negative attitudes reported by Wilkes et al.²⁷ as nurses in this study scored higher on the three dimensions of the Aging Semantic Differential⁴⁴ than nurses in Helmuth's²² study: personal acceptability-unacceptability (3.22 vs 3.32); autonomous-dependent (3.47 vs 3.75) and instrumental-ineffective (3.81 vs 4.15). This instrument is scored on a seven point scale (1 = a positive response and 7 = a negative response). Therefore, a score of 4 would indicate a neutral attitude or ambivalence. When comparing the results of these two studies the nurses in Wilkes et al.'s study actually demonstrated slightly more positive attitudes than those in Helmuth's study.

Quality care

Attitudes are related to quality of care.⁴ However, are some authors in the 1990s looking for strongly positive attitudes in an attempt to ascertain the quality of care older patients are receiving? Do slightly positive attitudes indicate average care whereas stronger attitudes predict a higher standard of care for older patients? Or, has the need for strong attitudes been brought about by the publicity of elder abuse in some long-stay institutions and granny abuse in western society?⁴ Authors may be seeking a specific quality of attitudes, moderately to strongly positive attitudes toward older patients associated with minimal or absent negative attitudes, or, a caring dimension. If so, this needs to be addressed up-front, rather than through false negative results.

Nurses with positive attitudes toward older people hold many negative stereotypical, ageist attitudes about older people. These negative attitudes might have a significant impact on the quality of care their older patients receive. For example, when older patients are perceived as cantankerous and complaining then their requests to nurses may not be taken seriously impacting on the care they receive, length of hospitalisation and recovery.

Implications

The independence of older patients is severely threatened by nurses' negative stereotyping and ageist attitudes. Areas of care identified as at risk are: maintaining independence, involvement in decision making about their care and place of residence following discharge and the use of restraints and their potentially harmful side-effects.

Medical and medical-surgical nurses were seen to have significant knowledge deficits related to ageing which considerably influence the quality of care older patients receive. Implications for care are vast and include little consideration of, for example, older patients' reduced sight, hearing and touch, when planning and performing nursing care (knowledge); increased probability of developing pulmonary complications (knowledge); high probability of being referred for institutional care post discharge (attitude); limited health education (attitude) and social isolation (attitude). Nurses preferring to care for older patients gravitate to community and elderly care areas rather than acute care settings. Therefore, nurses with less positive and more negative attitudes toward older people and a lack of interest in this group of patients are caring for older

patients in the acute care setting and such a situation may jeopardise the health care of older patients.

Conclusions

The dearth of literature investigating the attitudes of acute care nurses toward the older patients in their care is of great concern as the ageing of western society continues and is closely followed by developing countries. In Australia there has recently been considerable research undertaken on quality of care provided to residents living in the residential care centres (nursing homes).⁴⁵⁻⁴⁷ However, very little research has investigated the care provided to older patients in the acute care setting. Current research instruments have been found to be outdated, country specific and lacking in a patient focus and caring dimension. The authors have argued for the development and utilisation of a research instrument with a patient focus and caring dimension.

Recommendations

To address these issues there is an urgent need to:

1. Develop a research instrument specifically designed to identify nurses' knowledge, attitudes and practice towards their older patients in the acute care setting;
2. Identify knowledge, attitudes and practice of nurses in different areas of practice (e.g., surgical, medical, orthopaedic);
3. Identify knowledge, attitudes and practice of nurses in different locations (e.g., metropolitan and rural);

4. Develop, implement and evaluate appropriate interventions and continuing education programs to increase the knowledge, attitudes and practices of nurses in different areas of practice and locations; and
5. Routinely implement these programs to maintain and further improve nurses' knowledge, attitudes and practices.⁴⁸

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Table 1: Knowledge and attitudes of acute care nurses toward older patients

<i>Author</i>	<i>Aim</i>	<i>Participants</i>	<i>Method</i>	<i>Findings</i>
Armstrong-Esther et al. 1989 ²¹	Discover attitudes toward older patients Investigate factors influencing attitudes	74 nurses including 50 RN's, 4 BN's, 20 RNA's, and 8 volunteers	Self report survey KOP ^a , Developed clinical items, Demographics Response rate 79%	Overall slightly positive attitudes correlated with: <ul style="list-style-type: none"> • higher professional education; • preferred working area geriatrics and rehabilitation; • higher rating given to talking to patients and • lower rating given to basic care.
Prevost et al., 1991 ²⁵	Identify the knowledge and attitudes of acute care nurses toward older patients	162 nurses including 69 ICU nurses and 93 medical-surgical nurses	Self report survey KOP, FAQ, ^b Demographics Response rate unknown	Overall moderately positive attitudes toward ageing and low knowledge levels Knowledge and attitudes toward older patients were positively correlated ICU nurses had higher knowledge and attitude scores than medical-surgical nurses
Hope, 1994 ²³	Examine nurses' attitudes toward older patients in different care settings	76 trained nurses including 38 acute elderly care nurses and 38 medical nurses	Self report postal survey KOP, FAQ, Demographics Response rate 57.7%	Overall positive attitude More positive attitudes in nurses in the acute elderly care than the medical area; Predictors of medical nurses attitudes: <ul style="list-style-type: none"> • gerontological education predicted attitude and • gerontological education, age and knowledge accounted for 5% of variance
Lookinland & Anson, 1994 ²⁴	Identify factors promoting favourable attitudes in nurses and future health care professionals	61 acute care RN's 62 high school students (HSS) ^f	Self report survey KOP Six non-related items, Demographics Response rate RN's 74% HSS 91%	Overall positive attitudes <i>Nurses:</i> <ul style="list-style-type: none"> • more favourable attitudes than HSS • females more favourable than males • attitudes were affected by ethnicity <i>High school students:</i> <ul style="list-style-type: none"> • no gender differences students in acute care had more positive attitudes than those in long term care setting

<i>Author</i>	<i>Aim</i>	<i>Participants</i>	<i>Method</i>	<i>Findings</i>
Helmuth, 1995 ²²	Discover nurses attitudes toward older people and the use of restraints	52 RN's and LPN's from 3 acute medical-surgical wards	Observations 3 weeks prior to a self report survey ASD ^c , Perceptions of Restraint Use Questionnaire ^d , Restraint use data sheet Demographics Response rate 61%	Overall slightly positive attitudes Nurses found older patients: <ul style="list-style-type: none"> • slightly personally acceptable • slightly ineffective at adaptation and goal direction Slightly positive attitudes toward the use of restraints to ensure patient safety.
Carter & MacInnes, 1996 ²⁶	Identify change in nurses attitudes to the care of elderly patients 'at risk' of continued hospital care	medical nurses pre 42, post 46; community nurses, pre 42, post 35	Self report survey 1 week pre and 8 months post intervention Developed items from McCusker's Attitude Toward Care instrument ^e Response rate unknown	Change in medical nurses' attitude from a 'professional' (doctor/nurse) approach to a 'patient choice' approach in decisions relating to the care and placement of elderly patients at risk of continuing hospital care. Community nurses - 'patient choice' approach.
Wilkes et al., 1998 ²⁷	Examine nurses' knowledge of and attitudes towards older patients in the acute hospital setting	261 nurses 73.9% from medical-surgical area	Self report survey FAQ, ASD, Demographics Response rate 31.4%	Overall negative attitudes with a significant drift toward ambivalence Overall reasonable knowledge about older people
^a	³⁶ Kogan's Old People Scale	^b	⁴⁹ Facts on Aging Quiz	^c Attitudes Toward Aging Semantic Differential Scale
^d	⁵⁰ Perceptions of Restraint Use Questionnaire	^e	⁵¹ McCusker's Attitude Toward Care instrument	
^f	HSS, high school students undertaking health career work study programs			